

CLAIMS ONLY						Application Number 101825016	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Total Claims
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
4							
5							
6							
7							
8							
9							
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46							
47							
48							
49							
50							
Total Indep	4						
Total Depend	29						
Total Claims	33						